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IS NURSING A PROFESSION?

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We are constantly hearing baseball players, dancers, teachers, chiropractors, lawyers, cooks, and nurses referring to their "professions," and we are led to wonder what are the essential attributes of a profession. Doctors, lawyers, teachers, preachers, and writers, to distinguish themselves, are wont to refer to the "learned" professions of medicine, law, letters, theology and pedagogy. This would seem to imply that there are unlearned professions as well. Webster defines a profession as "an occupation that properly involves a liberal education, or its equivalent, and mental rather than manual labor; any occupation involving special mental and other attainments or special discipline." It would seem then that the word "learned" in this connection is superfluous. But since it is to this special group of professions that nurses aspire, we will endeavor to point out their common characteristics and see how nursing measures up to the requirements.

We find that these universally accepted professions possess a large body of scientific and organized knowledge from which they have evolved a practical technique which can be taught to others. Their aim is not primarily mercenary, but altruistic. Each has a definite, clear-cut aim directed toward the betterment of mankind; each requires its members to shoulder a great individual responsibility; each is organized to assure unified work; and each is capable of growth or advancement. These seem to be the essentials, although there are many other attributes, such as a professional spirit and the willingness to contribute discoveries or inventions to the public.

Mr. Abraham Flexner, in a paper read before the 1915 Conference of Charities and Corrections, says in regard to the status of nursing:

The trained nurse is making a praiseworthy and important effort to improve the status of her vocation. She urges, and with justice, that her position is one of great responsibility; that she must possess knowledge, skill and power of judgment; that the chances of securing these qualifications, all of them essentially intellectual, improve as the occupation increases in dignity. It is to be observed, however, that the responsibility of the trained nurse is neither original nor final. She, too, may be described as another arm to the physician or surgeon. Her function is instrumental, although not indeed just mechanically instrumental. Yet when all is said, it is the physician who observes, reflect

and decides. The trained nurse plays into his hands, carries out his orders, summons him like a sentinel in fresh emergencies, subordinates loyally her intelligence to his theory and policy, and is effective in precise proportion to her ability thus to second his efforts.

I do not agree with Mr. Flexner that nursing is essentially secondary in nature. A registered nurse is legally responsible for assisting in a criminal operation and should she give a poisonous dose of medicine, even with the physician's orders, she could be subject to prosecution as well as he. It is true that the nurse of the past obtained her knowledge first-hand from doctors, by the apprenticeship method, but at the present time she studies in schools for nurses, which are in some instances connected with colleges or universities, and from books written by nurses of recognized standing, on the subject of nursing rather than medicine. She can point to a considerable body of professional literature, and is busy evolving many branches which offer opportunities for original work. For instance, the school nurse or the rural Red Cross nurse is working in such a new and undeveloped field that all her initiative and creative powers may be applied to advantage. Her work is constructive, directed toward prevention, by teaching the principles of hygiene, personal as well as public.

The work of the public health nurse, the teacher and the organizer in the training schools, is certainly not of a secondary nature. These are, in many instances, working for teachers or school boards and not for doctors at all. Even the private duty nurse, to whom Mr. Flexner was undoubtedly referring, does much that is original. True she does not diagnose or prescribe for her patient, neither does the physician tell her how to administer the treatment. Her methods are based on scientific principles which she understands quite as well as she does the practical technique. He cares for the medical side of his patient, the nurse for the physical side. He could not carry on his research work or experiments without her intelligent assistance, and her report of symptoms often changes his policy. Dr. Emerson says that nursing is not a branch of medicine, but springs direct from the healing art as does medicine.

To summarize, nursing is a science, in that it is based on knowledge and principles which are classified and verified. Applied science is a science put into concrete practice. Practice without theory is "quackery." Science, or a body of theory, is necessary to get safe practice. Nursing is the application of many sciences: dietetics, hygiene, pedagogy, psychology, sociology, bacteriology, etc. Nursing is a profession, for it is based on a body of organized and tested knowledge, it requires social service, it is not on a commercial basis, it does not

permit trade and personal advertising, it is capable of constant growth and development, it does not depend on another profession, and it is willing to contribute its discoveries to the public. It would seem that nurses have not as yet measured up to their professional possibilities, but they are making rapid strides in that direction and perhaps, in the not distant future even Mr. Flexner will admit them to the realms of the learned professions.

MEDICAL SOCIAL SERVICE

In a paper on Hospital Social Service in New York, by N. Gilbert Seymour, M.D., the statement is made that the hospital social service worker must be a graduate nurse, and credit is given to nurses who did pioneer work in this field. Dr. Seymour begins the history of this service by sketching the work done under Dr. Charles P. Emerson of Johns Hopkins University, who, "in 1902, sent his medical students out to visit families in their homes, to study at first hand the social causes of disease." From this he passes on to the next development in hospital social service, made in 1905, "when Dr. Richard Cabot of Boston secured official recognition for a medical social service worker, Garnet Isabel Pelton, a trained nurse, in the Out-Patient Department of the Massachusetts General." In New York City he names, as the first step toward such a service, the appointment in 1906 of Mary E. Wadley," a trained nurse, who built up, single handed, the social service department" of Bellevue. Nor does the writer fail to make mention of the contributions made by Anna C. Maxwell, of the Presbyterian Hospital, and Dr. Henry Dwight Chapin at the Post-Graduate, although he notes that these represent a type of service more nearly akin to the visiting nurse service than to hospital social service as he interprets it.

To quote from Dr. Seymour's article:

Only a nurse understands the routine and vernacular of the hospital. The necessary technicalities and red tape hold no mystery for her. She is familiar with it all. She is *persona grata* to the medical staff and nurses because she speaks their language and understands their viewpoint. To her, with the least possible expenditure of time and effort, a technical problem can be explained, and she can make an intelligent contribution to its solution through the social data, interpreted in medical terms, which she is able to collect. To the patient, unaccustomed to the hospital atmosphere and routine, she is the "friend at court." She is able to interpret the patient to the hospital, and able to interpret to the patient the mysteries of the hospital.

It should go without saying that no amount of training, either medical or social, will make a successful worker of a woman without tact, sympathy, untiring patience, and the saving grace of humor. A thorough groundwork of social training will save much wasted effort and many needless mistakes in "social diagnosis" and "social treatment." But though she have all these things, if she has not hospital training, she cannot, in our opinion, become the ideal hospital social service worker. In ordinary medical social service, perhaps less technical training will answer reasonably well. Certainly that is the opinion in some other cities. In hospital social service, never. That is the consensus of opinion here.